

**INSTRUCTIONS**  
**PRINT IN BLACK INK OR**  
**TYPE.**

Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays. False answers may lead to rejection or dismissal (KRS 18A:032).

Commonwealth of Kentucky  
 DEPARTMENT OF PERSONNEL  
 200 Fair Oaks Lane, 5th Floor, Suite 517  
 Frankfort, Kentucky 40601  
 (502) 564-8030  
 Deaf/Hard of Hearing TTY (502) 564-4306  
**AN EQUAL OPPORTUNITY EMPLOYER M/F/D**  
<http://personnel.ky.gov>

TITLE

ANNOUNCEMENT  
NUMBERCLOSING  
DATE

TODAY'S DATE

Social Security No.

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Are you a U.S. Citizen? Yes ☐ No ☐ Are you a legal permanent resident? Yes ☐ No ☐

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

1. ☐ Mr. ☐ Ms. \_\_\_\_\_  
 Last Name First Name Middle Name Other Name (if any)

2. Address \_\_\_\_\_  
 Street, R.F.D. or Box No. City State Zip Code County of Residence

3. Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Month Day Year

4. Yes ☐ No ☐ Are you employed by Kentucky State Government? Title: \_\_\_\_\_ Agency: \_\_\_\_\_

5. Yes ☐ No ☐ Do you have a valid driver's license if required by the position for which you are applying? License # \_\_\_\_\_

6. Yes ☐ No ☐ Do you have a valid commercial driver's license (CDL) if required by the position for which you are applying?  
 If yes, what class? \_\_\_\_\_ What Endorsement? \_\_\_\_\_

7. Yes ☐ No ☐ Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason

8. Yes ☐ No ☐ Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020. Applicants for mental health or mental retardation facilities shall have a criminal records/background check per KRS 216.793.

9. Date available for work \_\_\_\_\_ Shift availability: Day ☐ Evening ☐ Night ☐ Rotating ☐

NOTE: Check rotating shift to be considered for job classes which rotate days and/or hours. See Personnel website for listing of classes

10. Type of Work Full-Time ☐ Part-Time ☐ Interim ☐ Summer ☐ Interim/Summer apply directly to agency(ies) of interest.

11. List the specific counties where you desire to work. You may specify "statewide," only if willing to work in any of the 120 counties. If you fail to interview, or decline a job offer, your name will be **removed** from the register for that job class for a period of three months. Listing of counties on this application supersedes all listings previously submitted.

12. a. **LICENSES OR CERTIFICATES:** Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. Teachers must show subject area and certification rank. You must provide a copy or verification of the license/certificate, such as Police Officer's Professional Standards (POPS) Certification required for all peace officer positions as outlined in 503 KAR 1:140 and KRS 15.382.

Name of Trade or Profession	Original Lic. Issue Date	Current Lic. Expiration Date	Name and Address of Licensing Agency
License:			

b. List additional languages you speak proficiently.

c. List additional languages you read or write proficiently.

13. **EDUCATION/TRAINING:** Complete accurately and indicate highest grade or year completed at all levels of school listed below. Provide **originals** of following, if required: (1) GED certificate; (2) high school diploma/transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal and Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

Enter Name and Address of School Below	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
	From	To		Earned	Now Carrying	Major	Minor	
	mo/yr	mo/yr	mo/yr	*** **	*** **			Degree:
	mo/yr	mo/yr	mo/yr	*** **	*** **			Degree:

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

14. **EMPLOYMENT HISTORY:** List only those jobs held since your last application was submitted. When listing job duties, list those that took most of your time first.

May we contact your present employer? YES ☐ NO ☐ If no, explain \_\_\_\_\_

<b>A.</b>	Mo.	Day	Yr.	To	Mo.	Day	Yr.	Gr.
Employed From								
Title of Position								
Average hours worked per week				Starting Salary				
Reason for leaving								
Name of Employer								
Address								
Type of Business								
Name & title of your supervisor								
	From		To		Number			
	Mo.	Yr.	Mo.	Yr.	Supervised			
I was a supervisor								

<b>Job Duties:</b>
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

<b>B.</b>	Mo.	Day	Yr.	To	Mo.	Day	Yr.	Gr.
Employed From								
Title of Position								
Average hours worked per week				Starting Salary				
Reason for leaving								
Name of Employer								
Address								
Type of Business								
Name & title of your supervisor								
	From		To		Number			
	Mo.	Yr.	Mo.	Yr.	Supervised			
I was a supervisor								

<b>Job Duties:</b>
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

15. Yes ☐ No ☐ Please indicate if you desire your application referred to other employers (such as Local Government, etc.) who list vacancies with or request applications from State Government.

**- IMPORTANT - THIS SECTION MUST BE COMPLETED -**

16. **SIGNATURE** - Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future merit examinations. I hereby authorize the Department of Personnel and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Department of Personnel to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that state government is a drug free workplace and that substance abuse testing is required for certain classifications.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

The Commonwealth of Kentucky does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, gender identity, ancestry or veteran status in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided upon request. Kentucky law prohibits political influence in employment in the classified service (KRS 18A.140). Information concerning the provisions of the Americans with Disabilities Act is available from the Department of Personnel.

17. Information in this block is for statistical purposes and will be forwarded to agencies for purposes of compliance with Equal Employment Opportunity requirements.

SEX

Male ☐ Female ☐

☐ 0. - White

☐ 1. - Black

☐ 2. - Hispanic

☐ 3. - Asian/Pacific Islander

RACE

☐ 4. - American Indian or Alaskan Native

☐ 5. - Other